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OPAR	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			R. 4818).	Application Number		10/538,086-Conf. #6679		
色	FEE TRANSMITTAL				Filing Date		June 8, 2005		
					First Named Inventor		Kenichiro Aridome		
OCT 0 7 2010 9	For FY 2009			[Examiner Name [B. M. Senfi		
RADEMARK OF	Applicant clai	ms small entity status.	See 37 CFR 1.2	7	Art Unit		621		
PADEMARK	TOTAL AMOUNT OF	PAYMENT	(\$) 1,819.0	0 /	Attorney Docket	No. S	SQN-3122		
	METHOD OF PA	YMENT (check all	that apply)			<u>-</u>			
	Check	Credit Card	Money Order	None	Other (1	olease identify):		
	x Deposit Accour	nt Deposit Account Nun	nber:18-	0013	Deposit A	Account Name:	Rader, Fishr	man & Grauer PLLC	
	For the abo	ve-identified deposit	account, the D	irector is h	ereby authorize	d to: (chec	k all that apply)		
	x Charg	e fee(s) indicated be	elow .		Charge	e fee(s) ind	icated below, e	xcept for the filing fee	
		e any additional fee under 37 CFR 1.16		ments of	x Credit	any overpa	yments		
	FEE CALCULATION								
	1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
			NG FEES		RCH FEES	EXAMIN	ATION FEES		
	Application Type	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)	
	Utility	330	<u>Fee (\$)</u> 165	540	Fee (\$) 270	220	<u>Fee (\$)</u> 110	1 663 Falu (4)	
	Design	220	110	100	50	140	70		
	Plant	220	110	330	165	170	85		
	Reissue	330	165	540	270	650	325		
	Provisional	220	110	0	0	030	0		
			110	U	V	U	U	Small Entity	
	2. EXCESS CLAIM FEES Fee Description Fee (
	Each claim over 20	(including Reissues	s)				52	2 26	
	Each independent c	· -					22	0 110	
	Multiple dependent						39	0 195	
	Total Claims	Extra Claims	Fee (\$)	Fee	ee Paid (\$) Multiple		ultiple Depend	e Dependent Claims	
	- 20 or HP x =						Fee (\$) Fee Paid (\$)		
	HP = highest number of total claims paid for, if greater than 20.								
	Indep. Claims	Extra Claims	Fee (\$)	Fee	Paid (\$)				
	3 or	HP =	× =						
	HP = highest number o	of independent claims pa	id for, if greater tha	n 3.					
	3. APPLICATION S							•	
	If the specification	and drawings exce	ed 100 sheets	of paper (e	excluding electro	onically fil	ed sequence or	computer	
	listings under 3	7 CFR 1.52(e)), the on thereof. See 35	e application siz	(G) and 3	15 \$270 (\$135 f 7 CFR 1 16(s)	or small en	tity) for each a	dditional 50	
	Total Sheets	Extra Sheets			ditional 50 or frac	tion thereof	Fee (\$)	Fee Paid (\$)	
		100 =	-					=	
	/50 = /50 = (round up to a whole number) x 4. OTHER FEE(S)							Fees Paid (\$)	
		ecification, \$130 f	ee (no small en	tity discou	ınt)				
	Other (e.g., late	filing surcharge): 1	1501 Utility iss	ue fee				1,510.00	
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			SUU1 Printed c	opy of pa	tent w/o color			9.00	
	SUBMITTED BY		8						
	Signature	1/1/	/\		Registration No. Attorney/Agent)	40,290	Telephone	(202) 955-3750	
	Name (Print/Type) CI	nristopher M. Tobi	in	1.9			Date	October 7, 2010	
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